

COMMENTARY

of hospice care. There is an understandable uneasiness about how these hospice programs will be administered, how the personnel will be chosen and just how the terminal care will be given.

The AMA has wisely perceived the difficulties that may confront us in the hospice care of terminal patients. Will all volunteers be adequately trained? Are the guidelines of care well defined? Are there ethical considerations? Will confidentiality be preserved? What is there to prevent an unscrupulous operator from setting himself up as a hospice?

Legislatures and accrediting agencies on the state and national levels are looking for the an-

swers to these questions. We physicians have an obligation to help find the answers. We owe it to our patients and to our profession.

The "young and the salvageable" will always get the best of care. A hospice in good hands, with physician cooperation and guidance, can bring hope and compassion to terminal patients. The hospice concept, embraced by doctors, both the youthful and the seasoned, could wipe away the stigma of being a "dirtball."

REFERENCES

1. Anonymous: Dirtball (A Piece of My Mind). JAMA 1982 Jun 11; 247:3059-3060
2. Emerson RW: Essays: First Series—Circles, 1841
3. Seneca: Moral Epistles to Lucilius, CVIII 28

Medical Practice Questions

EDITOR'S NOTE: From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.

Heart Transplants

QUESTION:

1. *Are heart transplants now considered standard treatment or are they still considered to be experimental?*
2. *What are the indications for a heart transplant?*

OPINION:

It is the opinion of the Advisory Panels on Chest Diseases, General Surgery and Internal Medicine that

1. At this time, cardiac transplantation cannot be considered standard treatment. It is acceptable treatment when performed by highly qualified transplant units such as those at Stanford University and the Medical College of Virginia.
2. The ideal candidate for a heart transplant is a young, otherwise vigorous person, who is dying of end-stage cardiac disease, who is also optimistic and willing to risk a complex procedure and course for the chance of marked functional improvement. The patient should be between the ages of 12 and 50 years and have a poor prognosis for surviving for more than six months. The heart disease should be irremediable by standard forms of medical or surgical therapy. The patient should evidence psychosocial stability by previous gainful employment and good medical compliance if he or she is to be completely rehabilitated. Contraindications, at the present time, reflect those factors that limit survival or cause postoperative complications, such as diabetes mellitus, active infection, other severe irreversible organ disease, such as renal failure or peripheral vascular disease. In addition, the patient must have fixed pulmonary vascular resistance of less than 5 or 6 Wood units.